

AFFIDAVIT IN SUPPORT OF REDEMPTION (SETTLEMENT) AGREEMENT

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency/Board of Magistrates
P O Box 30016, Lansing, MI 48909

Plaintiff

County

Defendant

I, _____, the plaintiff in this case against
_____, the defendant(s),

affirm that the following are true and correct statements:

1. While employed by _____, the defendant(s),
I was injured on or about _____. (Date)
2. I have been offered the sum of \$_____ to settle my workers'
compensation claim, both weekly and medical benefits and possible rehabilitation.
3. I understand that by accepting this amount of money I am waiving all workers' compensation rights I may have
against this (these) defendant(s) and its (their) workers' compensation insurance carrier(s).
4. I have voluntarily entered into the redemption agreement.
5. If I have filed an Application for Mediation or Hearing under the Michigan Workers' Disability Compensation Act,
the application alleges a compensable condition.
6. My attorney, or the magistrate, has fully explained to me the rights that I have under the Workers' Disability
Compensation Act and I understand that this redemption agreement, if approved by the magistrate, will extinguish
all of those rights.
7. I have fully disclosed to my attorney, or the magistrate, any other benefits that I am receiving or may be entitled
to receive and it has been explained to me what effect, if any, the redemption agreement might have on those
other benefits. Those other benefits are _____

8. I have fully disclosed to my attorney, or the magistrate, the nature and extent of the injuries and/or disabilities
incurred by me during my employment with the defendant(s). Those injuries are:

(Over)

9. I have disclosed my age to my attorney or the magistrate and I have been advised of the possible life expectancy of a person my age. My age is _____. My life expectancy is _____.
10. I (do) (do not) have health, disability or other related insurance. The insurance coverage I have is: _____
11. My marital status is _____. I have _____ dependents.
12. I have advised my attorney or the magistrate whether, to my knowledge, any other person or entity has any claim on the proceeds of the redemption agreement. The person or entity having such a claim is: _____
13. My average monthly expenses are: _____
14. My intentions for the use of the monies received as a result of the redemption agreement are: _____
15. The amount of workers' compensation benefits I have received from the defendant(s) or its (their) insurance carrier(s) as a result of my alleged injuries is: _____.

Plaintiff's Signature

Signed and sworn to before me on _____ in _____ County, Michigan.
Date

_____. My commission expires _____.
Notary Public

Authority:	Workers' Disability Compensation Act, 418.836
Completion:	Mandatory
Penalty:	Redemption will not be heard

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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